

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
Print your name and address on the reverse

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Address

Received by (Printed Name)

C. Date of Delivery

7-15-15

Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

David H Sederquist
Senior Consultant, Regulation & Finance
Xcel Energy
2302 Great Northern Drive
Fargo, ND 58102
Cert. No. 7014 1820 0001 3262 8313

3. Service Type☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

Restricted Delivery? (Extra Fee)

☐ Yes

18 PU-15-174 Filed 07/20/2015 Pages: 2
Return receipt – 7014-1820-0001-3262-8313

Article N
(Transfer)

Cert. No. 7014 1820 0001 3262 8313

Pu-15-181

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box •

North Dakota Public Service Commission
600 E. Boulevard Avenue Dept. 408
Bismarck, ND 58505-0480

